

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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41						
42						
43						
44						
45	1					
46	1					
47	1					
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	49					
TOTAL CLAIMS	54					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1					
53	1					
54	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						